PART B - FEE(S) TRANSMITTAL

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Commission

Complete and send this form, together with applicable fee(s), to: Mail				Commissioner for P.O. Box 1450	Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450		
APR	i s		or <u>Fax</u>		ginia 22313-1450		
maintenance fee notification	ns.			LICATION FEE (if requion of maintenance fees we correspondence address	ired). Blocks I through 5 s will be mailed to the current ; and/or (b) indicating a sep		
	CE ADDRESS (Note: Use Block 1 for 590 01/24/2005	any change of address)		Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
STEPHEN E. BO DORITY & MAN P.O. BOX 1449 GREENVILLE, SO	NING, P.A.			Ce I hereby certify that the States Postal Service addressed to the Mai transmitted to the USF	rtificate of Mailing or Tran nis Fee(s) Transmittal is bein with sufficient postage for fin il Stop ISSUE FEE address TO (703) 746-4000, on the	smission g deposited with the United st class mail in an envelope above, or being facsimile date indicated below.	
04/18/2005 WABDELR3		Denise Bul	lkeley	(Depositor's name)			
01 FC:1501 1400.00 DP 02 FC:1504 300.00 DP				April 13, 2	(Signature) April 13, 2005 (Date)		
APPLICATION NO.	FILING DATE	FIRST NAMED INV		VENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/085,639 TITLE OF INVENTION: S	02/28/2002 URGICAL KIT WITH MUL	TIPLE PLANAR I	Donald J. McM RECESS SURFA		KCX-518B (17507B)	5371	
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400		\$300	\$1700 T	04/25/2005	
EXAM		ART UNIT		CLASS-SUBCLASS	J		
FOSTER, JIMMY G 3728		3728		206-571000			
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	HE PATENT (pr	int or type)			
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be 37 CFR 3.11. Completion of	low, no assignee of this form is NOT	data will appear of a substitute for f	on the patent. If an assign	nee is identified below, the o	document has been filed for	
(A) NAME OF ASSIGN	EE	(B) RESIDENCE: (CITY and STATE OR CO	UNTRY)		
Kimberly-C	lark Worldwide	, Inc. Nee	nah, Wisc	77			
	e assignee category or category	ries (will not be pri	nted on the paten	t): 🗖 Individual 🛍 C	orporation or other private gr	oup entity Government	
4a. The following fee(s) are Issue Fee	enclosed:	4b	s): e amount of the fee(s) is er				
				Payment by credit card. Form PTO-2038 is attached.			
Advance Order - # of	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 04-1403 (enclose an extra copy of this form).						
_ ° '	(from status indicated above	,	☐ b. Applicant i	s no longer claiming SMA	LL ENTITY status. See 37 C	FR 1.27(g)(2)	
The Director of the USPTO NOTE: The Issue Fee and P interest as shown by the reco	is requested to apply the Issu ublication Fee (if required) words of the United States Pate					ation identified above. he assignee or other party in	
Authorized Signature Real P. Rienatti				Date Opil 13, 2005			
Typed or printed name Neal P. Pierotti			Registration No. 45,716				
Alexanuna, virginia 22313-	1430.				the public which is to file (an minutes to complete, includionments on the amount of ti Trademark Office, U.S. Deps. SEND TO: Commissioner displays a valid OMB contro		



ATTORNEY DOCKET NO: KCX-518B (17507B)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

n re Application of: Donald J. McMichael, et al.) Examiner: Jimmy G. Foster
Serial No: 10/085,639) Group Art Unit: 3728
Filed: February 28, 2002) Our Account No: 04-1403
Confirmation No: 5371	Customer No: 22827

For: Surgical Kit With Multiple Planar Recess Surfaces)

SUBMISSION OF ISSUE FEE

Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450

Sir:

Respectfully submitted for filing in the above-identified patent application is:

- (1) The Issue Fee Transmittal; and
- (2) Our enclosed credit card payment for the Issue Fee due and Publication Fee in the amount of ONE THOUSAND SEVEN HUNDRED (\$1,700.00).

Please charge any additional fees required by this submission to Deposit Account No. 04-1403.

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class mail in an envelope addressed to: Commissioner of Patents and Trademarks, PO Box 1450, Alexandria, VA 22313-1450, on April 13, 2005.

Denise Bulkeley

Respectfully submitted, DORITY & MANNING,

Neal P. Pierotti

Registration No. 45,716 DORITY & MANNING, P.A.

P.O. Box 1449

Greenville, SC 29602-1449

Phone: (864)271-1592 Fax: (864)233-7342